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APPLICANTS

Joseph C. Eder, Los Altos Hills, CA;
 Lex P. Jansen, Pleasanton, CA;

**** CONTINUING DATA *******
 This application is a CON of 09/681,394 03/28/2001 PAT 6,585,753

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/26/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
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ADDRESS
 490
 VIDAS, ARRETT & STEINKRAUS, P.A.
 6109 BLUE CIRCLE DRIVE
 SUITE 2000
 MINNETONKA , MN
 55343-9185

TITLE
 Expandable coil stent

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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